



Name: _____

SSN: _____

Date: _____

NURSING FACILITY CLINICAL ELIGIBILITY

This notice is sent in response to your request for approval of MassHealth payment of nursing-facility services. In order to qualify for MassHealth payment of nursing-facility services, you must be both clinically and financially eligible for services. *This notice is about your clinical eligibility.* You will receive a separate notice about your financial eligibility.

1. Masshealth Screenings

Screenings to determine clinical eligibility for nursing-facility services are conducted by _____, Aging Services Access Point (ASAP). The ASAP nurse reviewed your case in accordance with MassHealth regulations at 130 CMR 456.408, and has determined:

- ☐ you **are** clinically eligible for MassHealth payment of nursing-facility services on **a short-term basis**, for a stay through _____. Your continued eligibility is subject to review.
- ☐ you **are** clinically eligible for MassHealth payment of nursing-facility services on **a long-term basis**. During your stay, periodic medical reviews may be conducted to determine if you continue to meet the medical criteria for MassHealth payment.
- ☐ you **are not** eligible for MassHealth payment of nursing-facility services, because:
 - ☐ the level of medically necessary services that you require is less than that required for MassHealth payment of nursing-facility services, as set forth in 130 CMR 450.204 and 456.408.
 - ☐ your medical needs can be met in the community, and services are available.
 - ☐ you do not qualify based on the results of the Level II Preadmission Screening (PAS). (See page 2.)

Name: _____

2. Preadmission Screening (PAS) For Mental Illness, Mental Retardation, and Developmental Disability Screenings

If you are being admitted to a nursing facility, federal and state laws require that you be screened to determine whether you have a mental illness, mental retardation, or developmental disability, and, if so, whether nursing-facility placement is appropriate for you.

Your medical needs have been reviewed and found that:

- ☐ there is **no indication** of mental illness, mental retardation, or developmental disability, and thus nursing-facility placement is appropriate.
- ☐ there is **an indication** of mental illness, mental retardation, or developmental disability, but one of the conditions described in 130 CMR 456.410 applies, and thus the diagnosis does not qualify for a further review and nursing-facility placement is appropriate.
- ☐ there is **an indication** of mental illness, mental retardation, or developmental disability; your case was referred to the Department of Mental Health and/or Department of Mental Retardation, as appropriate, for a Level II PAS, and the results are: *(Please refer to attached findings.)*
 - ☐ nursing-facility placement is appropriate for you; or
 - ☐ nursing-facility placement is not appropriate for you.

Date of current Level II PAS: _____

3. APPEAL RIGHTS

You have a right to appeal these decisions. (Please see attached information about your right to appeal through the Fair Hearing process.)

OFFICIAL USE ONLY

Code: _____ ASAP on behalf of MassHealth RN

Date: _____